

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
*DIVISION OF CORPORATIONS

DOCUMENT # N94000006262
1. Corporation Name

EDGEWATER AT HARBOR ISLANDS ASSOCIATION, INC.

Principal Place of Business
255 ALHAMBRA CIRCLE
8TH FLOOR
CORAL GABLES, FL 33134

Mailing Address
P.O. BOX 526000
MIAMI, FL 33152

3. Date Incorporated or Qualified 12/23/94
3a. Date of Last Report 05/01/95
4. FEI Number 65-0587180
Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip
24 Country
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9. Name and Address of Current Registered Agent
GETMAN, DENNIS J.
255 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANEL, AMIKAM	1.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETMAN, DENNIS J.	2.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAIRY, CHARLES L.	3.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRIGAN, JUANITA I.	4.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOPSHIN, JEFFREY A.	5.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Juanita I. Kerrigan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

4/30/96 (305) 442-7000
Date Daytime Phone #

CR2E037 (12/95)